

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-009119
1931
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Incarinate Word Hosp.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Charlotte Moriarty		4. DATE OF DEATH Month 2 Day 20 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/12/1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher		10b. KIND OF BUSINESS OR INDUSTRY School	
11. BIRTHPLACE (City and state or country) Detroit Mich		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Thomas Moriarty		13b. MOTHER'S MAIDEN NAME Mary Barry	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No		16. SOCIAL SECURITY NO. 4500	
17. INFORMANT Florence Moriarty		Address 3185 So. Grand	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Decompensation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic DUE TO (c) 4500			INTERVAL BETWEEN ONSET AND DEATH 3 weeks
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 2:30 a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION St. Louis Mo
21. I attended the deceased from Jan 17 1963 to Feb 20 1963 and last saw her alive on 2/20/63 Death occurred at 2:30 2/20/63 m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Harry Freedman M.D.	
22b. ADDRESS 607 No. Grand St. Louis Mo		22c. DATE SIGNED 2/21/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2/22/63	23c. NAME OF CEMETERY OR CREMATORY Mt. Olive	23d. LOCATION (City, town, or county) St. Louis County Mo.
24. FUNERAL DIRECTOR E.J. Schnur		25. DATE RECD. BY LOCAL REG. FEB 21 1963	
ADDRESS 3125 Lafayette		26. REGISTRAR'S SIGNATURE Joan Smith M.D.	

USE BLACK INK
OR
TYPEWRITER RIBBON

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Wm. D. Fitch
607 Nassau St.

Student _____
Signature of Student Embalmer _____

d. John Volmer

No. 4014

balmer No. 407
325 Lafayette
SS.

If this body is not embalmed, fact should be so stated above.